FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTION

1120792

OMB APPROVAL

OMB NUMBER:

3235-0076

Expires:

April 30, 2008

SEC USE ONLY



06049874

A					49874
Name of Offering (☐ check in	this is an amendment and na	ame has changed, and indi	cate change.)		
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Senior Secured Convertible Promissory Notes of Morgan Beaumont, Inc. Filing Under (Check box(es) that apply):					
Filing Under (Check box(es) that app	ly): 🔲 Rule 504	Rule 505	☐ Rule 506	Section 4(6)	UI.OE
Type of Filing: New Filing	Amendment			—	
	A. BA	SIC IDENTIFICATIO	N DATA		
Enter the information requ	ested about the issuer				
Name of Issuer (check if i	his is an amendment and nar	ne has changed, and indica	ate change.)		
Morgan Beaumont, Inc.					
Address of Executive Officers	(Number and Street	, City, State, Zip Code)	Telephone Ni	ımber (Including Area Co	de)
6015 31st Street East, Bradenton, F	L 34203		941.753.2875	i	
	ions (Number and Street	, City, State, Zip Code)	Telephone Nu	imber (Including Area Co	de)
•					
Technology solution and service pr	ovider to the financial servi	ice industry and provide	r of stored value and	prepaid card products.	LHOCE22F
Type of Business Organization			_		
corporation	limited partn	ership, already formed	other (please specify):	✓ NCT 2.5 onns
business trust	limited partr	ership, to be formed		F	2001 2 3 2000
	ation or Organization: 05 nization: (Enter two-letter U	00 国 Ac J.S. Postal Service abbrev	iation for State: NV		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issues making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 11 S.C. 77d(6)

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to the address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

LOF9



			A. BASIC ID	ENTIFICATION DATA		
2.	Enter the informat	ion requested for	he following:			
	Each promo	ter of the issuer, it	the issuer has been organiz	red within the past five years		
	 Each benefic issuer; 	cial owner having	the power to vote or dispos	e, or direct the vote or dispos	sition of, 10% or mo	re of a class of equity securities of the
	Each execut	ive officer and dir	ector of corporate issuers ar	nd of corporate general and n	nanaging partners of	partnership issuers; and
	Each genera	l and managing pa	utner of partnership issuers			
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Nam	ie (Last name first, i	f individual)				
Welch, J		ŕ				
Business	or Residence Addre	ess (Number and S	street, City, State, Zip Code	·)		
6015 31st	t Street East, Brad	enton, FL 34203				
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Nam	e (Last name first, i	f individual)		••		
Springer	r, Raymond P.					
Business	or Residence Addre	ess (Number and S	treet, City, State, Zip Code)		
6015 31st	t Street East, Brad	enton, FL 34203				
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Nam	e (Last name first, i	f individual)				
Jensen,	Erik					
Business	or Residence Addre	ess (Number and S	treet, City, State, Zip Code	·)		
6015 31st	t Street East, Brad	enton, FL 34203				
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Nam	e (Last name first,	if individual)		-		
Davis, D	Daniel					
Business	or Residence Addre	ess (Number and S	Street, City, State, Zip Code	e)		
6015 31s	t Street East, Brad	lenton, FL 34203				
Check Bo	ox(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)	4			
Wildes,	Clifford					
Business	or Residence Addre	ess (Number and S	Street, City, State, Zip Code	.)		
6015 31s	t Street East, Brad	lenton, FL 34203	i			
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)		·		
Bond, B	enjamin J.					
Business	or Residence Addre	ess (Number and S	Street, City, State, Zip Code	;)		
6015 31s	t Street East, Brad	lenton, FL 34203				
Check Bo	ox(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)				
Hudgins	s, Joseph					
Business	or Residence Addre	ess (Number and S	Street, City, State, Zip Code	:)		
6015 31s	t Street East, Brad	lenton, FL 34203				
Check Bo	ox(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Nam	ne (Last name first,	if individual)		•		
Brewer,						
Business	or Residence Addr	ess (Number and S	Street, City, State, Zip Code	()		
6015 31s	t Street East, Brad	lenton, FL 34203	, , , , , , , , , , , , , , , , , , , ,			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ■ Director ☐ General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Sandifer, Jr., Virgil Business or Residence Address (Number and Street, City, State, Zip Code) 6015 31st Street East, Bradenton, FL 34203 ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or □ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or □ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Executive Officer □ Director Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INFOR	MATION	ABOUT O	FFERING					
1.	Has the iss	suer sold, or	does the iss	uer intend to	o sell, to nor	-accredited	investors in	this offering	<u>;</u> ?			Yes	No Ø
				Answer als	o in Append	lix, Column	2, if filing u	nder ULOE					_
2.	What is th	e minimum	investment t	that will be	accepted fro	m any indiv	idual?	******				<u>N/</u>	<u>'A</u>
3.	Does the c	offering pen	nit joint owr	nership of a	single unit?.	***************************************		,				Yes	No ⊭
4.	similar rer an associa broker or e informatic	numeration to ted person of dealer. If m in for that b	requested for for solication or agent of a ore than five roker or deal	n of purchase broker or de e (5) persons	ers in conne caler register	ction with sa red with the	ales of secur SEC and/or	ities in the o with a state	ffering. If a or states, lis	i person to b it the name o	e listed is of the		
Full N	lame (Last nam	ie first, if in	dividual)										
Busin	ess or Residen	e Address (Number and	Street, City	y, State, Zip	Code)							
Name	of Associated	Broker or f.)ealer										
					0 11 1 B								
States	in Which Pers (Check "A		as Solicited r check indiv										States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	ĞA	111	ID
	IL	IN	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	011	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full N	lame (Last nan	ne first, if in	dividual)	 .					<u></u>				
Busin	ess or Residen	ce Address	Number and	d Street, City	y, State, Zip	Code)							
Name	of Associated	Broker of L	Dealer										
States	in Which Pers							·					Chatan
	(Check "A	All States" o	r check indi	AR	S) CA	CO	СТ	DE	DC	FL.	GΛ	HI	ID
	[AL]	IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	[KA]	NM	NY	NC	ND	ОН	ОК	OR	PA
	RI	SC	SD	TN	īx	UT	VT	VA	WA	wv	WI	WY	PR
Full N	lame (Last nan	ne first, if in	dividual)										
													
Busin	ess or Residen	ce Address	(Number and	d Street, City	y, State, Zip	Code)							
Name	of Associated	Broker or I	Dealer			<u> </u>					-		
States	in Which Pers	on Listed F	las Solicited	or Intends t	o Solicit Pur	rchasers							
Diales			r check indi									☐ All :	States
	AL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	GΛ	III	ID
	II.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	МТ	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UΤ	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Types of Security	Aggregate Offering Prio		Amount Already Sold
	Debt	\$		\$
	Equity	s+		s
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants) (Senior Secured Convertible Promissory Notes)	\$ <u>3,967,250</u>		\$ <u>3,967,250</u>
	Partnership Interests	s		\$
	Other (Specify)	\$		\$
	Total			\$ 3,967,250
	Answer also in Appendix, Column 3, if filing under ULOE.			
	* The Senior Secured Convertible Promissory Notes are convertible into the issuer's common stock at a conversion price of \$0.05 a share.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	10		\$ <u>3,967,250</u>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			s
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of Offering NOT APPLICABLE	Type of Security		Dollar Amount Sold
	Rule 505	•		\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			S
	Printing and Engraving Costs			\$
	Legal Fees		×	\$20,000
	Accounting Fees		×	\$ <u>15,000</u>
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			s
	Total		×	\$35,000

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	and total expenses furnished in response to Pa proceeds to	offering price given in response to Part C - Question 1 art C - Question 4.a. This difference is the "adjusted gross		\$ <u>3,932,250</u>
5.	each of the purposes shown. If the amount fo	ss proceed to the issuer used or proposed to be used for rany purpose is not known, furnish an estimate and check f the payments listed must equal the adjusted gross Part C - Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ s	□ \$
	Purchase of real estate		□ s	□ s
	Purchase, rental or leasing and installation of and equipment	machinery	□ s	□ s .
		facilities		
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger			s
	Repayment of indebtedness		□ \$	 □ \$
	Working capital			≅ \$3,932,250
	Other (specify):		□ s □ s	□ s
	Column Totals	,		■ \$3,932,250
				3,932,250
		D. FEDERAL SIGNATURE		
constitut	er has duly caused this notice to be signed by the es an undertaking by the issuer to furnish to the suer to any non-accredited investor pursuant to	e undersigned duly authorized person. If this notice is filed un U.S. Securities and Exchange Commission, upon written requiperagraph (b)(2) of Rule 502.	der Rule 505, the fo est of its staff, the in	ollowing signature
	rint or Type)	Signature	Date	
_	n Beaumont, Inc.	R.P. Sminger	10/12	106
Name of	Signer (Print or Type)	Title of Signer (Print of Type)		<u>-</u>
Raymo	nd P. Springer	Chief Financial Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.		30.262 presently subject to any of the disqualification	Yes	No □				
	S	ee Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby und 239,500) at such times as required	ertakes to furnish to any state administrator of any state in which by state law.	this notice is filed a notice on Fo	rm D (17 CFR				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		that the issuer is familiar with the conditions that must be satisfied which this notice is filed and understands that the issuer claiming tave been satisfied.						
	ssuer has read this notification and know rized person.	s the contents to be true and has duly caused this notice to be sign	ned on its behalf by the undersign	ned duly				
Issuer	(Print or Type)	Signature	Date					
Mor	gan Beaumont, Inc.	R.P. Ammin	10/12/	b 6				
Name	(Print or Type)	Title (Print or Type)						
Raymond P. Springer Chief Financial Officer								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	2		3			4		5 Disqualification	
	Intend to non-acc investors (Part B-	redited in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	\$3,967,250 Senior Secured Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		Х		3	\$1,917,250				
СО							-		
CT									
DE									
DC							111		
FL									
GA									
НІ									
ID						1			
IL.									
IN									
1A									
KS									
KY									
LA									
ME		X	55	1	\$200,000				
MD						•			
MA									

ΜI

MN

				AP	PENDIX				
I	- 2	<u></u>	3			1		5 Disqualit under Stat	
	non-act	o sell to credited s in State -ltem 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	\$3,967,250 Senior Secured Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MS						<u> </u>			
МО									
MT				-					
NE				L					
NV									
NH									
NJ									
NM				1-8 <u></u>					
NY	-	-					-		
NC									
ND									
ОН									
ОК	-		-						
OR									
PA		X	4.5 69	5	\$1,500,000				
RI				<u> </u>	-				
SC									
SD				<u> </u>					
TN									
TX		X	26 46	1	\$350,000				
UT					-				
VT									_
VA	-					-			<u> </u>
WA			-		<u> </u>				
 WV		-	-					-	